

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: South Carolina

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
Drugs			X	Providers are authorized to collect the maximum copayment based on the State's payment for the service consistent with 42 CFR 447.54 (a) (3).

MA-  
TN No. 88-10  
Supersedes  
TN No. 87-9

Approval Date 9/21/88

Effective Date 7/1/88

HCFA ID: 0053C/0061E

Received 9/6/88

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: South Carolina

- B. The method used to collect cost sharing charges for categorically needy individuals:

☒ Providers are responsible for collecting the cost sharing charges from individuals.

☐ The agency reimburses providers the full Medicaid rate for a services and collects the cost sharing charges from individuals.

- C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

The ability of the recipient to pay copay will be determined by the providers statewide on the basis of the recipient's response to the provider's question, "Can you afford to pay?" This policy will be disseminated to all providers.

TH No. 87-9  
Supersedes  
TH No. Ren

Approval Date 7/6/87

Effective Date 3/1/87

HCFA ID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: South Carolina

- D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

The State Agency advises providers that they may not collect copayment for exempt clients and services. This information is reinforced in provider training seminars and documented in provider manuals.

The State Agency reimburses providers a payment schedule amount less copayment except for those clients and services exempt from copayment. For those clients and services exempt from copayment the State Agency reimburses providers the full payment schedule amount.

Field audits by the Division of Program Integrity staff verify that requirements pertaining to copayment are followed. (The field audits are more comprehensive than just verifying this fact alone, but this is a component of the audit.)

- E. Cumulative maximums on charges:

☒ State policy does not provide for cumulative maximums.

☐ Cumulative maximums have been established as described below:

TN No. 85-20  
Supersedes

Approval Date 3/4/86  
Date

Effective  
Date 1/1/86

TN No. \_\_\_\_\_

HCFA ID: 0053C/0061E